

Case Number:	CM14-0180448		
Date Assigned:	11/05/2014	Date of Injury:	05/07/2009
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old male who has submitted a claim for rotator cuff syndrome, disorders of the bursa and tendons in the shoulder region, and major depressive disorder associated with an industrial injury date of 5/7/2009. Medical records from 2014 were reviewed. The patient complained of right shoulder pain described as dull, aching, burning, and sharp. The patient experienced right-sided neck pain rated 8/10 in severity and relieved to 5/10 upon intake of medications. Aggravating factors included sitting, standing, walking, and bending forward. Physical examination of the right shoulder showed tenderness, well-healed scar, restricted motion, positive Yergason's test, and positive Hawkin's test. Treatment to date has included right shoulder arthroscopy, and medications such as Norco (since May 2014) and naproxen. The utilization review from 10/23/2014 denied the request for Norco 10/325 mg #80 because of lack of recent documented evidence of quantifiable pain relief and objective functional improvement with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since May 2014. The patient complains of right-sided neck pain rated 8/10 in severity and relieved to 5/10 upon intake of medications. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #80 is not medically necessary.